FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # **K10387** **(4)**

1. Corporate Name
DAFT COMMUNICATIONS, INC.

Principal Place of Business
375 MAGNOLIA AVENUE
MERRITT ISLAND FL 32952

Mailing Address
375 MAGNOLIA AVENUE
MERRITT ISLAND FL 32952

OFFICIAL USE ONLY

3. Date Incorporated or Qualified: **12/30/1987**
3a. Date of Last Report: **04/21/1994**

2. Principal Place of Business
21
Suite Apt. # etc.
22
City & State
23
24 25

2a. Mailing Address
26
Suite Apt. # etc.
27
City & State
28
29 30

4. FEI Number: **65-0022083** — Applied For / Not Applicable
5. Certificate of Status Desired: ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees
8. Does corporation elect to be governed by Section 607.0901 Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
KELLY, CHARLES D.
375 MAGNOLIA AVENUE
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — **FL** — 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE
If the registered agent is a corporation, the signature must be an officer of the registered agent corporation.

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	KELLY, CHARLES D.
STREET ADDRESS	375 MAGNOLIA AVENUE
CITY, ST, ZIP	MERRITT ISLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
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CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing, or voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attached exhibit, as an officer or director.

SIGNATURE: Charles D. Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0070250 CP